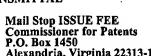
## nd this form, together with applicable fee(s), to: Mail

## PART B - FEE(S) TRANSMITTAL



or Fax (571) 273-2885					
NSTRUCTIONS: This form should be used for trans appropriate. All further correspondence including the P maintenance free notifications.				should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)  Note: A certificate of mailing can only be used for domestic mailines of the					
43446 7590 07/07/2005	papers. Each addition	This certificate cannot be used onal paper, such as an assignmente of mailing or transmission.	ent or formal drawing, must		
CASTELLANO MALM FERRARIO & BUCK PLLC Certificate of Mailing or Transmission					
2121 K STREET, NW	I hereby certify that States Postal Servic	t this Fee(s) Transmittal is being the with sufficient postage for findal Stop ISSUE FEE address SPTO (571) 273-2885, on the	ng deposited with the United rst class mail in an envelope		
SUITE 800		addressed to the M transmitted to the U	Aail Stop ISSUE FEE address ISPTO (571) 273-2885, on the	s above, or being facsimile date indicated below.	
WASHINGTON, DC 20037		B	cian T. Ma	(Depositor's name)	
			TRADO M	(Signature)	
•		-	Sept. 9, 200	(Date)	
APPLICATION NO. FILING DATE	FIRST NAM	IED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/762,533 · 01/23/2004	Davi	d C. Paul	GM!.0069.US	5342	
TITLE OF INVENTION: SPINE STABILIZATION SYSTEM					
	, ,	٠	1		
APPLN. TYPE SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional YES	\$700	\$300	\$1000	10/07/2005	
EXAMINER	ART UNIT	CLASS-SUBCLASS			
PHILOGENE, PEDRO	3732	606-061000			
. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Castellano Malm Ferrario & Buck PLLC					
CFR 1.363).  Change of correspondence address (or Change of Correspondence or agents OR, alternatively,					
Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a				· <u>-</u>	
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.					
B. ASSIGNEE NAME AND RESIDENCE DATA TO B	E PRINTED ON THE PATE	NT (print or type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY MBIZUNE 2 00000004 503120 10762533					
Globus Medical, Inc.  Phoenixville, PA   01 FC:2501   700.00 DA   300.00 DA					
Please check the appropriate assignee category or categor			Corporation or other private g	roup entity Government	
a. The following fee(s) are enclosed:	of Fec(s):	·land			
Issue Fee		A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.			
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to the convergence of the form of this form)				r credit any overpayment, to	
Advance Order - # or Copies	Deposit A	ccount Number <u>50-312</u>	(enclose an extra	copy of this form).	
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).					
The Director of the USPTO is requested to apply the Issu NOTE: The Issue Fee and Bublication Fee (if required) of Interest as shown by the perords of the United States Page	Fee and Publication Fee (if the not be accepted from any of and Tratlemark Office.	fany) or to re-apply any previous one other than the applicant; a	ously paid issue fee to the applic registered attorney or agent; or	cation identified above. the assignee or other party in	
Authorized Signature			Date September 9, 2005		
Typed or printed name Brian J. Malro			Registration No. 44,895		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND 10: Commissioner for Patents, P.O. Box 1450, Alexandra, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.					